

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Shelley

Skula-Gibbs, MD

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

PO Box 890954

Houston, TX 77289-0954

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 480-5633

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Itze

Soliz-Matthews

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

51 Rollingwood Drive, Houston, TX 77080

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 861-1117

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

THROUGH

Month Day Year

9 / 30 / 05

10 / 29 / 05

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 8 / 05

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council

At Large  
Position 3

Houston City Council

At Large  
Position 3

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

Shelley Sekula-Gibbs, MD

16 ACCOUNT # (Ethics Commission Use)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 23,320.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,185.47

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

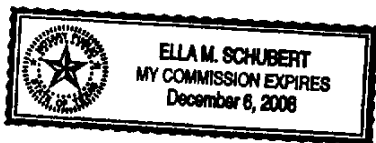
\$ 102,149.85

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shelley Sekula-Gibbs, MD  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Shelley Sekula-Gibbs, MD this the 31<sup>st</sup> day of October, 20 05, to certify which, witness my hand and seal of office.

Ella M. Schubert  
Signature of officer administering oath

Ella M. Schubert  
Printed name of officer administering oath

Notary public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 1 of 9
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 10-3-2005	Full name of contributor out of state PAC ID# _____ Elizabeth Wareing	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77019		
Principal occupation Job title (See Instructions) Homemaker		Employer (See Instructions)	

Date 10-3-2005	Full name of contributor out of state PAC ID# _____ Drayton McLane	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Temple, TX 76503		
Principal occupation Job title (See Instructions) Owner, Baseball Team		Employer (See Instructions) RDM Enterprises	

Date 10-4-2005	Full name of contributor out of state PAC ID# _____ Allen Boone Humphries Robinson LLP	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77027		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-6-2005	Full name of contributor out of state PAC ID# _____ Giorgio Borlenghi	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77056		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) The Interim Companies	

Date 10-7-2005	Full name of contributor out of state PAC ID# _____ Waste Mangement PAC	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Conroe, TX 77302		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 2 of 9
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 10-11-2005	Full name of contributor out of state PAC ID# _____ Larry Hill	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Kingwood, TX 77339		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Sumar Realty Corp.	

Date 10-11-2005	Full name of contributor out of state PAC ID# _____ Louis Waters	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77041		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-13-2005	Full name of contributor out of state PAC ID# _____ Associated Builders & Contractors of Greater Houston PAC	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77098		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-13-2005	Full name of contributor out of state PAC ID# _____ Bob Lanier	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77010		
Principal occupation Job title (See Instructions) Retired		Employer (See Instructions) N/A	

Date 10-14-2005	Full name of contributor out of state PAC ID# _____ Peter Wareing	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77098		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Wareing, Athon & Company	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 3 of 9
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission files)

Date 10-17-2005	Full name of contributor out of state PAC ID# _____ Helen Hodges	Amount of contribution (\$)  \$200.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77058		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-18-2005	Full name of contributor out of state PAC ID# _____ John W.H. Chiang	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77027		
Principal occupation Job title (See Instructions) Engineer		Employer (See Instructions) Sueba USA Corporation	

Date 10-19-2005	Full name of contributor out of state PAC ID# _____ Irma Lovelace	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77055		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-19-2005	Full name of contributor out of state PAC ID# _____ Dr. Jimmy Schmidt	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77090		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-24-2005	Full name of contributor out of state PAC ID# _____ Charles W. Duncan, Jr.	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77002-3007		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Duncan Interests	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 4 of 9
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 10-24-2005	Full name of contributor out of state PAC ID# _____ Aman Jafar, MD	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Sugar Land, TX 77478		
Principal occupation Job title (See Instructions) Physician		Employer (See Instructions) Self	

Date 10-24-2005	Full name of contributor out of state PAC ID# _____ D. Fred Martinez	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77060		
Principal occupation Job title (See Instructions) CEO		Employer (See Instructions) ATSER LLC	

Date 10-25-2005	Full name of contributor out of state PAC ID# _____ Dr. Dionel Avilés	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77041		
Principal occupation Job title (See Instructions) Consulting Engineer		Employer (See Instructions) Avilés Engineering Corporation	

Date 10-25-2005	Full name of contributor out of state PAC ID# _____ Jerry Brady	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77291-1092		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) Liberty Cab	

Date 10-25-2005	Full name of contributor out of state PAC ID# _____ Frank DiMaria	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77056		
Principal occupation Job title (See Instructions) President		Employer (See Instructions) South Texas Carpets & Fine Floors	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 5 of 9
filer NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 10-25-2005	Full name of contributor out of state PAC ID# Norman Frede	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77058		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Norman Frede Chevrolet	

Date 10-25-2005	Full name of contributor out of state PAC ID# TX Friends of Time Warner Cable	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77040		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-25-2005	Full name of contributor out of state PAC ID# Houston Associated General Contractors PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77092-8717		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-25-2005	Full name of contributor out of state PAC ID# Bobby Singh	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77054		
Principal occupation Job title (See Instructions) Vice President		Employer (See Instructions) Isani Consultants	

Date 10-26-2005	Full name of contributor out of state PAC ID# Floy Evans	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77080		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Evans and Wood Co., Inc.	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 6 of 9
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 10-26-2005	Full name of contributor out of state PAC ID# _____ Henry Pogorzelski	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77056-6582		
Principal occupation Job title (See Instructions) Attorney		Employer (See Instructions)	

Date 10-26-2005	Full name of contributor out of state PAC ID# _____ Reliant Energy, Inc. PAC	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77001		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-26-2005	Full name of contributor out of state PAC ID# _____ Ed Wulfe	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77046		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Wulfe & Co.	

Date 10-27-2005	Full name of contributor out of state PAC ID# _____ Louis Macey	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77058		
Principal occupation Job title (See Instructions) Investments		Employer (See Instructions) Self	

Date 10-28-2005	Full name of contributor out of state PAC ID# _____ Leon Davis	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77010		
Principal occupation Job title (See Instructions) Oil & Gas, Real Estate		Employer (See Instructions) Davis Brothers	



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 7 of 9
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 10-28-2005	Full name of contributor out of state PAC ID# _____ Nathelyne Kennedy	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77081		
Principal occupation Job title (See Instructions) Engineer		Employer (See Instructions) Nathelyne A. Kennedy & Associates	

Date 10-28-2005	Full name of contributor out of state PAC ID# _____ Norman Adams	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77248		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) Adams Insurance Service	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Michael D. McKinney	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77005		
Principal occupation Job title (See Instructions) Administrator		Employer (See Instructions) UT-Houston	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Kwai-Woon Lai	Amount of contribution (\$)  \$20.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77062		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Iqbal Abdullah	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77059		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 8 of 9
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Rafique Dhukka	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Sugar Land, TX 77479		
Principal occupation Job title (See Instructions) Partner		Employer (See Instructions) Texas Jasmine	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Sarwat Jafry	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Sugar Land, TX 77479		
Principal occupation Job title (See Instructions) Homemaker		Employer (See Instructions) N/A	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Malik Kheraj	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77059		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Shamim Abdullah	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77059		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Ahmadali Virani	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77059		
Principal occupation Job title (See Instructions) owner		Employer (See Instructions) Naan Properties LLC	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 9 of 9
FILER NAME: Shelley Sekula-Gibbs, M.D.	ACCOUNT # (Ethics Commission filers)

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Sirajali Mohmmedal Virani	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77059		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Dilshad Virani	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Houston, TX 77059		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Nasruddin Rupani	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Sugar Land, TX 77479		
Principal occupation Job title (See Instructions) Owner		Employer (See Instructions) World's Gold & Diamonds, Inc.	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Shahnaz Ajani	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Sugar Land, TX 77478		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 10-29-2005	Full name of contributor out of state PAC ID# _____ Dilawar Ajani	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Contributor address; City, state, zip code [REDACTED] Sugar Land, TX 77478		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 1 of 4
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 9/30/2005	Payee name      Payee address Herald Publishing P. O. Box 153 Houston, TX 77001-0153	Amount (\$) \$397.50
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Purpose of expenditure (See instructions regarding type of information required.) Advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/6/2005	Payee name      Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$793.58
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Purpose of expenditure (See instructions regarding type of information required.) Campaign staff	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/6/2005	Payee name      Payee address Benjamin S. Whitmore 9611 Valverde Houston, TX 77063	Amount (\$) \$48.48
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Purpose of expenditure (See instructions regarding type of information required.) Campaign staff	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/7/2005	Payee name      Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079	Amount (\$) \$227.90
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Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/10/2005	Payee name      Payee address Robert Gibbs 17300 El Camino Real, Ste. 109 Houston, TX 77058	Amount (\$) \$600.00
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Purpose of expenditure (See instructions regarding type of information required.) Professional fees	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 2 of 4
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 10/10/2005	Payee name      Payee address U.S. Postal Service 14917 El Camino Real Houston, TX 77059	Amount (\$) \$370.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date 10/10/2005	Payee name      Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079	Amount (\$) \$119.73
Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date 10/12/2005	Payee name      Payee address Texas Federation of Republican Women 900 Congress Ave., Ste. 300 Austin, TX 78701	Amount (\$) \$150.00
Purpose of expenditure (See instructions regarding type of information required.) Convention registration fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date 10/12/2005	Payee name      Payee address Tourette Syndrome Association 23011 N. Warmstone Way Katy, TX 77494	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Donation for hole sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
Date 10/16/2005	Payee name      Payee address Houston 80-20 8300 Bender Road Humble, TX 77396	Amount (\$) \$80.00
Purpose of expenditure (See instructions regarding type of information required.) Donation for event dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 3 of 4
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 10/16/2005	Payee name      Payee address Friends of the Texas Medical Center Library 1133 John Freeman Blvd., Jesse H. Jones Bldg. Houston, TX 77030	Amount (\$) \$2,500.00
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Purpose of expenditure (See instructions regarding type of information required.) Contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/16/2005	Payee name      Payee address Jose Pulido 24218 Hamptonshire Lane Katy, Tx 77494	Amount (\$) \$10.00
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Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for refreshments	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/18/2005	Payee name      Payee address Leedy Graphics P.O. Box 680826 Houston, TX 77268	Amount (\$) \$955.85
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Purpose of expenditure (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/18/2005	Payee name      Payee address Monarch Printing 6605 McGrew Houston, TX 77087	Amount (\$) \$996.17
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Purpose of expenditure (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/18/2005	Payee name      Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$117.13
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Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for office supplies & lunch expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 4 of 4
FILER NAME: Shelley Sekula-Gibbs, MD	ACCOUNT #: (Ethics Commission filers)

Date 10/21/2005	Payee name      Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027	Amount (\$) \$979.22
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Purpose of expenditure (See instructions regarding type of information required.) Campaign staff	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/21/2005	Payee name      Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079	Amount (\$) \$294.92
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Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/21/2005	Payee name      Payee address Houston Highlights Publishing 951 NASA Parkway #251 Houston, TX 77058	Amount (\$) \$375.00
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Purpose of expenditure (See instructions regarding type of information required.) Advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/24/2005	Payee name      Payee address Texans for Rick Perry PMB 217, P. O. Box 2013 Austin, TX 78768-2013	Amount (\$) \$1,000.00
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Purpose of expenditure (See instructions regarding type of information required.) Contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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Date 10/25/2005	Payee name      Payee address T-Mobile P.O. Box 790047 St. Louis, MO 63179-0047	Amount (\$) \$69.99
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Purpose of expenditure (See instructions regarding type of information required.) Campaign phone	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
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